

Helping Your Overactive-Bladder Patients with Afferent Blockade

This special supplement to *Reviews in Urology* is written for those urologists who wish to grow their practice. How do you do this? The answer is to pay attention to the one urologic condition that has yet to “come out of the closet.” There are at least 17 million Americans with urinary incontinence and overactive bladder. Yet most experts agree that only 15% of patients with overactive bladder and voiding dysfunction are seeking medical help. I believe that urologists are most qualified to help these patients.

I encourage those in the urologic community to teach both patients and primary care physicians more about incontinence and overactive bladder, to break down the myth and shame associated with these conditions. We need to dispel the myth that incontinence is only a “woman’s” problem, and that only the elderly experience loss of bladder control. Most importantly, patients and practitioners need to know that there is simple and effective therapy for the vast majority of patients.

I dare predict that if you think the field of overactive bladder is exciting today, then you “ain’t seen nothin’ yet.” I cannot think of any area of urology in which there is as much going on, vis à vis novel drug development, as bladder and urethral dysfunction. We all know that the new medications available today for treating urinary incontinence are clearly better than those we have had over the past 25 years. But the new and improved anticholinergic drugs, such as tolterodine and oxybutynin controlled release, are nearly at the limit of what can be expected of antimuscarinic agents. Further advance in the improvement of overactive bladder therapy requires a total revolution, based on targeting the afferent nerves that control the bladder–afferent blockade.

One example of afferent blockade is a new neurokinin receptor antagonist in Phase II FDA clinical trial, called TAK637. TAK637 (TAP, Lake Forest, IL) is highly specific for the NK-1 receptor. NK-1 receptors that are capsaicin sensitive

have been found in the afferent nerve terminals of the bladder. The key advantage of tachykinin antagonists is that there is essentially no effect on decreasing detrusor contractility and no residual urine or retention risk. The drug works on the nerves innervating the bladder and not on the bladder itself. Would it not be lovely to have one drug that can help overactive bladder, irritable symptoms of BPH, and interstitial cystitis, yet causes no dry mouth or risk of urinary retention?

I believe that you will enjoy reading the following articles, based on a recent round table discussion. The authors are all “experts’ experts,” and their writing is concise and easy to digest.

The articles follow a simple outline:

- Victor Nitti from New York will first lay the groundwork with a discussion of the overactive bladder.
- Roger Dmochowski from Ft. Worth will talk about the evaluation of voiding dysfunction, which is a straightforward task. Initial evaluation and therapy of overactive bladder is appropriate for every medical specialty.
- Rodney Appell from Houston will then discuss recent clinical data, especially on tolterodine and oxybutynin controlled release.
- William Steers from Charlottesville will give an overview of which pharmacological targets should next be pursued to effectively treat various bladder and urethral abnormalities.
- Michael Chancellor from Pittsburgh. I will conclude with speculation on “Star Trek” urology in 10 to 15 years, in which we use advanced drug delivery technology or practice gene therapy and tissue engineering.

I hope you will enjoy this *Reviews in Urology* supplement. If you have any comments please feel free to contact me by e-mail at chancellormb@msx.upmc.edu.

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